2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # P97000019758 DUNAWAY'S LAWN MAINTENANCE, INC. Principal Place of Business Mailing Address 428 SW 19TH AVE 428 SW 19TH AVE CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0742133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNAWAY, FREDERICK W DO NOT WRITE 428 SW 19 AVE CAPE CORAL, FL 33991 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550-00 OFFICERS AND DIRECTORS 10, TITLE NAME DUNAWAY, FREDERICK W STREET ADDRESS 428 SW 19TH AVE CITY-ST-ZIP CAPE CORAL, FL 33991 U00000070152 DUNAWAY, LINDA D NAME 03/01/04-80032-024 150.00 STREET ADDRESS 428 SW 19TH AVE CAPE CORAL, FL 33991 CMY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED